

Regional Support Team Referral

Regional Support Team (RST) Referral Instructions

- For individuals enrolled or awarded a waiver slot, review and completion of the Virginia Informed Choice (VIC) is required prior to submission of an RST referral. The Support Coordinator/Case Manager/Training Center Designee completes the VIC and retains a signed copy of the document in the individual's file.
- The Support Coordinator/Case Manager/Training Center Designee completes the Regional Support Team Referral.
- Community Resource Consultant (CRC)/Community Integration Manager (CIM) consultation is required prior to an RST Referral submission.
- Submit VIC (if required) and RST Referral to the secure RST mailbox: <u>RST.Referrals@DBHDS.virginia.gov</u>.

Indicates that this is the 2nd RST referral submitted for Sam

Date completed: 4/19/2018
Individual's full name: Sam Smith
Unique ID: 01234
Referring party: Sally Coordinator
Supervisor: Syd Supervisor
Phone number: 804-555-5555
Supervisor's email: syds@virginiacsb.com
Current Living Situation: Family home
Other
Provider name: N/A

Region of Agency: Central Region
Date of Birth: 11/2/72
Contact email: sallyc@virginiacsb.com
Supervisor's email: syds@virginiacsb.com
Of Referrals to RST: 2nd

Referral Criteria					
Request for an Emergency Meeting: In jeopardy of	Community Required: Moving to	Training Center Required: Select one			
becoming homeless	a group home of five or more				
Reason for Late Referral: Select one	individuals				
Move in date: Enter date	Other: Select one	If Other is selected, please describe:			
Anticipated move in date: 5/14/2018		Description			
When services are unavailable within desired region, request RST review in home and/or alternative regions being considered.					
RST review requested in home region: Select Region	RST review requested in	alternative region: Select Region			

Complete this section when services selected are outside of desired region

Employment and Day Ontions

Unavailable financial support limiting access to resource/s (Check all that apply)

☐ Medicaid ☐ Waiver Slot ☐ Customized Rate ☐ Funds for Crisis support ☐ Housing Assistance ☐ Other please describe

Listed options provided and barrier number

Barriers related to Waiver Service Options or Other (Please use key below to identify barriers)

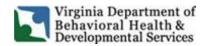
Ι.	Employment and Day Options	Select ullavallable service	List illultiple services allu parrier #(s)
2.	Self-Directed Options (may be Agency Directed)	Select unavailable service	List multiple services and barrier #(s)
3.	Residential Options	For multiple services provide	Group Home 5 or more: 5
		list	Own Home/Apt: 5
4.	Crisis Support Options	Select unavailable service	List multiple services and barrier #(s)
5.	Medical and Behavioral Support Options	Select unavailable service	List multiple services and barrier #(s)
6.	Additional Options	Select unavailable service	List multiple services and barrier #(s)
7.	Other	Description	List corresponding barrier number(s)

Barrier Key (Choose all barrier numbers that apply and place in the applicable list above)

- 1 Services not available under currently enrolled waiver
- 2 Services and activities unavailable in desired location
- 3 Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options
- 4 Individual/SDM/LG chooses less integrated option
- 5 Individual/SDM/LG does not choose provider after visit
- 6 Direct Support Staff- may not have experience or demonstrate competency to provide support with behavioral expertise
- 7 Direct Support Staff- may not have experience or demonstrate competency to provide support with mental health expertise
- 8 Direct Support Staff- may not have experience or demonstrate competency to provide support with medical expertise
- 9 Professional Behavioral staff- Psychiatric, PBS facilitator, Applied Behavioral Analyst, or other specialist unavailable
- 10 Professional Medical staff- Dental, nursing or any medical specialist unavailable
- 11 Provider has determined placement is not a good match- provider is not willing/able to support individual
- 12 Frequent hospitalizations- medical and/or mental health hospitalizations
- 13 Delay in move and/or acceptance to a more integrated setting- due to unexpected or late medical interventions
- 14 Location is not adapted for physical access- Community locations are not wheelchair accessible or ADA compliant
- 15 Accessible transportation unavailable

Individual's full name: Sam Smith

- 16 | Service Development- Construction/Renovations/Environmental Modifications/Staff-development/On-boarding/Licensing
- 17 Other (please list all other barriers below)



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Provide any information you think may be helpful in the RST review process and/or other barriers not identified above.

Sam has been living with family since being discharged from Poplar Springs 3 weeks ago. This arrangement was temporary as his sister agreed to let him stay pending touring of waiver options. Sam was offered several residential options including sponsored placement, group home with 5 or more beds and his own apartment. Sam has chosen sponsored residential placement and is scheduled to move on 5/14/18. His sister has stated that she would like him moved by 5/1/18 as she will be going on vacation and Sam is not allowed to stay at her home alone. SC is working diligently to find respite placement for 5/1/18-5/14/18 as the selected provider is not able to accept him prior to 5/14/18. Referred due to 5 bed or more residential option.